

| CERTIFICATE OF MAILING | | | |
|---|---|---------|------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, DC 20231 on the date below: | | | |
| Typed or Printed Name | Evelyn Gomez | | |
| Signature |  | | Date |
| | | 2/11/08 | |

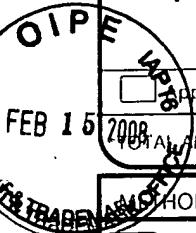
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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2008


 Applicant claims small entity status. See 37CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ **820.00**)

| Complete if Known | |
|----------------------|--------------------------------------|
| Application Number | 10/527,973 |
| Filing Date | August 2, 2006 (Int'l filing date :) |
| First Named Inventor | Jairam R. Lingappa |
| Examiner Name | Nicole Kinsey |
| Art Unit | 1648 |
| Attorney Docket No. | 305JP-010510US |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): **Deposit Account**
 Deposit Account Deposit Account Number: **50-0893** Deposit Account Name: Quine Intellectual Property Law Group, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u> | | <u>SEARCH FEES</u> | | <u>EXAMINATION FEES</u> | | |
|-------------------------|--------------------|---------------------|--------------------|---------------------|-------------------------|---------------------|-----------------------|
| | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> | <u>Small Entity</u> | <u>Fees Paid (\$)</u> |
| Utility | 310 | 155 | 510 | 255 | 210 | 105 | |
| Design | 210 | 105 | 100 | 50 | 130 | 65 | |
| Plant | 210 | 105 | 310 | 155 | 160 | 80 | |
| Reissue | 310 | 155 | 510 | 255 | 620 | 310 | |
| Provisional | 210 | 105 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEESFee Description

| | | |
|--|-----------------|---------------------|
| Each claim over 20 (including Reissues) | <u>Fee (\$)</u> | <u>Small Entity</u> |
| | 50 | 25 |
| Each independent claim over 3 (including Reissues) | 210 | 105 |

| | | |
|---------------------------|-----|-----|
| Multiple dependent claims | 370 | 185 |
|---------------------------|-----|-----|

| | | | | |
|---------------------|---------------------|-----------------|----------------------|----------------------------------|
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |
| - 20 or HP = | x | = | | <u>Fee (\$)</u> |

HP = highest number of total claims paid for, if greater than 20.

| | | | | | |
|----------------------|---------------------|-----------------|----------------------|-----------------|----------------------|
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| - 3 or HP = | x | = | | | |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | | |
|---------------------|---------------------|---|-----------------|----------------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| - 100 = | / 50 = | (round up to a whole number) x | = | |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Other: Request for extension of time

820

Other:

Other:

Other:

Other:

SUBMITTED BY

| | | | | |
|-------------------|--------------|--------------------------------------|--------------|-----------|
| Signature | | Registration No. (Attorney/Agent) | 42,779 | Telephone |
| Name (Print/Type) | Stacy Landry | | Date 2-11-08 | |